

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000079519 (1)
 1. Corporation Name
DIVERSIFIED OPERATIONS I, INC.



Principal Place of Business Mailing Address
6414 14TH STREET, WEST BRADENTON FL 34207

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|---------|---------------------|---------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 10/17/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 65-0613508 | |
| City & State | | City & State | | Applied For | |
| 23 | | 28 | | Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 | 25 | 29 | 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

| | | | | | | | |
|--|--|--|--|---|--|-------------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| MONAKEY, MICHAEL J 6414 14TH ST W BRADENTON FL 34207 | | | | 81 Name | | | |
| | | | | DANIEL J SULLIVAN | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 6414 14TH ST W | | | |
| | | | | 83 | | | |
| | | | | 84 City | | 85 Zip Code | |
| | | | | BRADENTON | | FL 34207 | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Daniel J Sullivan CFO DATE 4/25/98

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|----------------------|--|--|---|---------------------|---------------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | ✓ | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | EDWARD L. BONGART | | | 1.2 NAME | JOEL DUNCAN | | |
| STREET ADDRESS | 6414 14TH STREET, W. | | | 1.3 STREET ADDRESS | 6414 14TH ST W | | |
| CITY-ST-ZIP | BRADENTON FL | | | 1.4 CITY-ST-ZIP | BRADENTON, FL 34207 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 2.1 TITLE | ✓ | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | RICHARD G. RATNER | | | 2.2 NAME | LINDA BAILEY | | |
| STREET ADDRESS | 6414 14TH STREET, W. | | | 2.3 STREET ADDRESS | 6414 14TH ST W | | |
| CITY-ST-ZIP | BRADENTON FL | | | 2.4 CITY-ST-ZIP | BRADENTON, FL 34207 | | |
| TITLE | CEOP | <input type="checkbox"/> DELETE | | 3.1 TITLE | CFO | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | ROBERT J. CLANCY | | | 3.2 NAME | DANIEL J SULLIVAN | | |
| STREET ADDRESS | 6414 14TH STREET, W. | | | 3.3 STREET ADDRESS | 6414 14TH ST W | | |
| CITY-ST-ZIP | BRADENTON FL | | | 3.4 CITY-ST-ZIP | BRADENTON, FL 34207 | | |
| TITLE | OFOD | <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MICHAEL J. MONAKEY | | | 4.2 NAME | | | |
| STREET ADDRESS | 6414 14TH STREET, W. | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BRADENTON FL | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel J Sullivan DATE: 4/25/98 (941) 255-4634

CR2E034 (10/97)